

1.) CORPORATION NAME:

Life Technologies Corporation

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

DUE DATE: **11/30/2011**

SCC ID NO: **F1808874**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	400,000,000
PREFER	4,202,942
CONVPA	2,202,942

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5791 VAN ALLEN WAY

CITY/ST/ZIP: CARLSBAD, CA 92008-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: DAVID H SMITH
TITLE: VICE PRESIDENT
ADDRESS: 5791 VAN ALLEN WAY
CITY/ST/ZIP/CO: CARLSBAD, CA 92008-

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OFFICER

☐

DIRECTOR

NAME: JOHN A COTTINGHAM
TITLE: SECRETARY
ADDRESS: 5791 VAN ALLEN WAY
CITY/ST/ZIP/CO: CARLSBAD, CA 92008-

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OFFICER

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DIRECTOR

NAME: GEORGE F ADAM JR
TITLE: DIRECTOR
ADDRESS: 791 VAN ALLEN WAY
CITY/ST/ZIP/CO: CARLSBAD, CA 92008-

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OFFICER

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DIRECTOR

NAME: DAVID U'PRICHARD
TITLE: DIRECTOR
ADDRESS: 5791 VAN ALLEN WAY
CITY/ST/ZIP/CO: CARLSBAD, CA 92008-

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OFFICER

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DIRECTOR

NAME: PER A PETERSON
TITLE: DIRECTOR
ADDRESS: 5791 VAN ALLEN WAY
CITY/ST/ZIP/CO: CARLSBAD, CA 92008-

NAME:	RONALD A MATRICARIA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5791 VAN ALLEN WAY		
CITY/ST/ZIP/CO:	CARLSBAD, CA 92008-		
NAME:	BRADLEY G LORIMIER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5791 VAN ALLEN WAY		
CITY/ST/ZIP/CO:	CARLSBAD, CA 92008-		
NAME:	WILLIAM H LONGFIELD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5791 VAN ALLEN WAY		
CITY/ST/ZIP/CO:	CARLSBAD, CA 92008-		
NAME:	ARNOLD J LEVINE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5791 VAN ALLEN WAY		
CITY/ST/ZIP/CO:	CARLSBAD, CA 92008-		
NAME:	BALAKRISHNAN S IYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5791 VAN ALLEN WAY		
CITY/ST/ZIP/CO:	CARLSBAD, CA 92008-		
NAME:	DONALD W GRIMM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5791 VAN ALLEN WAY		
CITY/ST/ZIP/CO:	CARLSBAD, CA 92008-		
NAME:	GEORGE F ADAM, JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5791 VAN ALLEN WAY		
CITY/ST/ZIP/CO:	CARLSBAD, CA 92008-		
NAME:	GREGORY T LUCIER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIR,CEO		
ADDRESS:	5791 VAN ALLEN WAY		
CITY/ST/ZIP/CO:	CARLSBAD, CA 92008-		
NAME:	JOSEPH W. SECONDINE, JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	5791 VAN ALLEN WAY		
CITY/ST/ZIP/CO:	CARLSBAD, CA 92008-		
NAME:	MARK P STEVENSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5791 VAN ALLEN WAY		
CITY/ST/ZIP/CO:	CARLSBAD, CA 92008-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAYMOND V DITTAMORE DIRECTOR 5791 VAN ALLEN WAY CARLSBAD, CA 92008-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID F HOFFMEISTER VICE PRESIDENT 5791 VAN ALLEN WAY CARLSBAD, CA 92008-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER M LEDDY VICE PRESIDENT 5791 VAN ALLEN WAY CARLSBAD, CA 92008-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ORA H PESCOVITZ DIRECTOR 5791 VAN ALLEN WAY CARLSBAD, CA 92008-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOSEPH W. SECONDINE, JR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOSEPH W. SECONDINE, JR, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	11/10/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			